

## General Instructions for Cross-Systems Crisis Plans

1. Cross-Systems Crisis Plans shall contain instructions for how to identify an emerging crisis and a list of strategies for how to interact with the persons served and define appropriate ways to de-escalate the crisis. Strategies shall be hierarchically arranged from least to most intrusive so that they show how to respond as the crisis escalates. Prevention strategies shall be consistent with treatment procedures included in the person's BSP.
2. When crisis plans involve external crisis response entities (mobile crisis, police, psychiatric hospitals, etc.), they shall include critical background information that will help external service provider understand the person. Medical and psychiatric diagnoses, behavior assessment information, and trauma and family history are examples of information that shall be included.
3. Crisis plans shall also contain contact information for any person or entity that may need to be contacted during a crisis. At a minimum, the plan shall include contact information for the person's legal representative, agency director(s), behavior analyst, ISC, mobile crisis services, respite services, and psychiatric hospitals.
4. The plan shall define the specific circumstance under which people or entities must be contacted and how to coordinate the necessary services during a crisis. The plan shall also define the responsibilities of staff during the process of placement in a respite facility, crisis stabilization unit, or psychiatric hospital. In the event of psychiatric hospitalization, agency provider staff shall remain with the person served until it is clear that the person has been admitted to the hospital.
5. The crisis plan shall be in a form that can be easily shared with external crisis personnel to inform their actions and facilitate the crisis response. To the extent possible, external entities shall have the opportunity to contribute content to the crisis plan. They must also have a copy of the crisis plan to keep on file in the event of a crisis involving the person served. Consent of the person or legal representative is required to share this information with external entities in advance of a crisis situation.

INDIVIDUALIZED CRISIS PREVENTION PLAN for	
Individual:	ISC Agency:
Date of Birth:	ISP Effective Date:
Address:	
TennCare Number:	Managed Care Organization and Contact Number:

Diagnoses:

### **MEDICAL AND MENTAL HEALTH HISTORY**

	Current Diagnosis	Impact on Present Behavior
Axis I	Autistic Disorder	
Axis II		
Axis III	History	

### **SOCIAL HISTORY**

Relevant Events	Impact on Present Behavior:

### **GOALS OF BEHAVIOR (FUNCTION)**

Behavior	Function

## **SYSTEMIC ACTIONS IN RESPONSE TO A CRISIS**

### **Baseline (Green Zone)**

The Green Zone is defined as behavior that is expected of the person supported given the current treatment protocols in place, as written.

In this section, identify the normal course of business that helps the person maintain progress on life goals (e.g., COS meetings quarterly, bi-yearly, etc; BA services at X frequency; psychiatric services at X frequency).

### **Amber Zone**

Criterion should reflect the level of Disruptive or Destructive Behavior that would result in adjustments to treatment protocols, behavioral respite, crisis stabilization, or other out of home placement, but NOT psychiatric hospitalization. This section should provide guidance on who should be contacted and when to get support during a crisis.

### **Red Zone**

Criterion should reflect the level of Disruptive or Destructive behavior that would result in psychiatric hospitalization. Instructions for how and where to obtain hospitalizations are included.

## **DIRECTORY OF KEY PEOPLE AND AGENCIES WHO CAN HELP IN A CRISIS:**

Agency or Person	Title	Role in a Crisis	Contact Information	Hours Available
	Agency Administrator on Call			24/7
	Agency Program Coordinator			
	Respite Facility			

	Mobile Crisis			
	CSU			
	Psychiatric Hospital			24/7
	Independent Support Coordinator			
	Conservator/Guardian			
	PCP			
	Behavior Analyst			
	Psychiatrist			

## Questions to ask in the development of a crisis plan:

Crisis plans are not clinical plans to decrease behavior - they are plans of what to do to keep everyone safe during the crisis.

Agency crisis management procedures may be defined as:

1. What is a crisis for this person?
2. What triggers a crisis?
3. What can we do to prevent the crisis from happening?
4. What to do when the crisis happens? What specific steps should staff do such as clearing the room, moving dangerous items, developing a code word that means there is a crisis occurring to keep everyone informed of what mode they are in at the moment, having a phone on them to call for help and when to call for help?

Who will arrive at the home to assist (this should be pre-arranged with staff)?

What should staff do while waiting for the other person to arrive?

What should new person do once they arrive in the home?

When to use crisis management techniques? At what level - do they for example need to go into a restraint or stick to blocking? For how long?

When do you call the Director for an extension to the immobilization (restraint)?

What do you do if crisis management procedures don't work? Do you call the police-this should be the last resort. Is there an time that you need to contact outside authorities?

5. What to do after the crisis?

